



COUNTY OF FAIRFAX – FACILITIES USE PERMIT APPLICATION

To use common areas of the facilities and/or grounds at the Fairfax County Government Center Complex for non-profit purposes.

APPLICANT

Name of Applicant:
(**NOT** org. name)

Phone: _____

Applicant Address:

Fax: _____

(Street)

IRS Tax ID: _____

(City/State/Zip)

Applicant E-mail:

of
Participants: _____

Organization Represented:

(If Applicable)

ACTIVITY

Title/Purpose of the Activity: _____

Category of Non-Profit Activity (**check applicable box**):

☐ Government (Fed./State)

☐ Private – County-Based Non-Profit

☐ Private – County Employee

☐ Private – County Resident

☐ FCPS

REQUESTED DATE & TIME OF EVENT

	<u>Date:</u>	<u>Set-Up:</u> max. 1 hr	<u>Start:</u>	<u>Circle One:</u>	<u>End:</u>	<u>Circle One:</u>	<u>Clean-Up:</u> max. 1 hr	
1 st Choice:	____ / ____ / ____	_____	_____	a.m/p.m.	_____	a.m/p.m.	_____	a.m/p.m.
2 nd Choice:	____ / ____ / ____	_____	_____	a.m/p.m.	_____	a.m/p.m.	_____	a.m/p.m.

For recurring monthly meetings, please attach a separate listing, to include dates, set-up, and start/end times.

REQUESTED LOCATION OF ACTIVITIES

BOS Auditorium: _____ Forum: _____ North/South Atrium (1st fl. Hallways): _____

Conference Center Reception Area: _____ Conference Room **preference**: _____

Grounds/Ellipse (specify location): _____ Parking Lots: _____

In Board Auditorium Only:	In Forum Only:	In Bd. Aud., rooms 2-3 & 9-10:
<input type="checkbox"/> LCD projector (Laptop not provided) <input type="checkbox"/> Podium w/ mic.	<input type="checkbox"/> Podium / Microphone (during Co. business hours M-F, it may be used 12:00 – 1:00p.m. <u>ONLY</u>)	<input type="checkbox"/> Assistive Listening Devices

REMINDERS

- A/V is available 7:30am – 4:00pm M-F in the conf. center. **NO** night or weekend use.
- ***NO BALLOONS or SCOTCH TAPE*** are allowed in the Government Center Building.

DETAILS OF USE

Describe below or on a separate sheet of paper the details of the use and equipment desired for each location requested.

Will Advertisements/Brochures be distributed?
Yes/No. If yes, describe: _____

Will Food/Drinks be served? Yes/No. If yes,
describe. _____

Is this activity, or any part thereof, a fundraiser?
Yes/No. If yes, describe: _____

Will a fee be charged to participants? Yes/No. If
yes, describe: _____

APPLICANT SIGNATURE

Permission granted for use of any portion of the facilities and/or grounds at the Government Center Complex by any organization or individual may be revoked, canceled, postponed, or rescheduled. I accept liability and hereby agree to indemnify and hold harmless the County of Fairfax, Virginia, its officers, agents and all employees and volunteers, from any and all claims for bodily injury, personal injury and/or property damage in connection with the use of the facilities and/or grounds. I accept responsibility for control of the reserved area until the activity is completed. I accept responsibility for complying with all Americans with Disabilities Act (ADA) requirements. I recognize that it is my responsibility to supply ADA required assistance for this event. I have received a copy of, read and agree to comply with the requirements for use of the Government Center Complex set forth in Procedural Memorandum #08-05, as amended. I understand that I may have to reapply if any changes are made to this application.

Applicant's Signature & Title

Date:

Please Note: If a check is returned for insufficient funds, payment via certified check will be required for future use.

SEND APPLICATION TO:
Facilities Management Dept.
12000 Gov. Ctr. Pkwy., Suite 424
Fairfax, VA 22035

OR FAX TO: 703-324-3930

FEES

For use by County staff only (below):

Effective July 1, 2009, fees are charged to all non-profit organizations (defined as all users other than Fairfax County agencies, Fairfax County Public Schools, Boards, Authorities, and Commissions and governmental entities). This policy change impacts both new and existing reservations. Fees are due to be paid (by certified check, personal check, or organization's check) 10 days prior to a scheduled meeting or event. If a check is returned for insufficient funds, the applicant will be charged an additional \$25 fee and payment via certified check will be required for future use. Confirmation of a reservation is not considered complete until the fee is paid. If fees remain unpaid, the reservation confirmation will be revoked and the event will not be permitted to take place.

1 hour for set-up and 1 hour for cleanup will be granted at no charge for events requiring set-up.

Bd Auditorium	\$85 / hr.	Hours	_____	X 85	_____	=	_____	Total
All other spaces:	\$60 / hr.	Hours	_____					
					(# of spaces)	=	_____	Total
Parking Lot use:	\$60 flat fee			X 60 X		=	_____	Total

Total Fee: _____ **Fee Due Date:** _____

Last date to cancel event without forfeiting funds: _____

RESCHEDULE

RESERVATIONS MAY BE RESCHEDULED: Must be requested prior to the 48 hour cancellation deadline.

Reschedule Date Requested On: _____ **Original date rescheduled to:** _____

Reschedule Date Approved On: _____ **Approved by:** _____

APPLICATION APPROVAL

FMD Signature for Approval

Date

APPROVED PER ATTACHED CONFIRMATION